

Commonwealth of Massachusetts  
**Department of Mental Health**

**Clinical Criteria and Protocols  
for Requesting Transfer  
to DMH Continuing Care Inpatient Facilities &  
Intensive Residential Treatment Programs  
(IRTP and CIRT)**

**Children, Adolescents and Adults**

January 1, 2000  
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Commonwealth of Massachusetts  
Department of Mental Health

**CLINICAL CRITERIA AND PROTOCOLS FOR  
CHILDREN, ADOLESCENTS AND ADULTS**

*Transfer Between Acute Inpatient Mental Health Services and:  
DMH Continuing Care Inpatient Facilities for Adults, Children & Adolescents*

*or*

*Intensive Residential Treatment Programs for Adolescents*

*or*

*Clinically Intensive Residential Treatment Programs for Children;  
and*

*Transfer Between:*

*A DYS Facility and an Intensive Residential Treatment Program for Adolescents*

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## **I. OVERVIEW**

The Department of Mental Health (DMH) has developed these clinical criteria and protocols to govern:

- the coordination of acute inpatient mental health services provided in private psychiatric hospitals or psychiatric units in general hospitals with continuing care inpatient services or intensive residential treatment provided by DMH for patients who meet DMH criteria;
- the coordination of services provided to adolescents in Department of Youth Services (DYS) facilities with DMH intensive residential treatment programs for adolescents who meet DMH criteria.

Decisions regarding the care of all patients are based on identified clinical and rehabilitative needs.

## **II. SCOPE**

These protocols are to be used by all providers of acute inpatient care, regardless of payer, to guide clinical decisions concerning the transfer of patients from acute inpatient mental health services to DMH continuing care inpatient or intensive residential treatment services. They are also to be used by DYS to guide clinical decisions concerning the transfer of adolescents from DYS facilities to adolescent intensive residential treatment programs. Pursuant to an Interagency Service Agreement between DMH and the Division of Medical Assistance (DMA), and a Memorandum of Understanding between DMH and

DYS, the time lines governing the transfer of patients from DMA's Mental Health and Substance Abuse Program (MH/SAP) vendor, the Massachusetts Behavioral Health Partnership (Partnership), and adolescents from DYS facilities, may be different from those applicable to hospital patients covered by other insurers. They are so noted.

Effective January 1, 2000, the Department's new Service Planning regulations will govern eligibility for continuing care community services, including intensive residential treatment programs (IRTP and CIRT). The criteria and procedures describing general eligibility for DMH continuing care community services are contained in a separate document, *Interpretive Guidelines for 104 CMR 29.00: Determining Eligibility for DMH Continuing Care Services*.

### III. DEFINITIONS

**DMH Client:** An individual whose application for DMH continuing care community services has been approved by DMH and who is receiving (or has received within six months before the current hospitalization or stay in a DYS facility) at least one DMH continuing care service.

### IV. TRANSFER CRITERIA

Transfer to DMH continuing care inpatient services or intensive residential treatment will be approved by DMH based on:

- The patient's eligibility for DMH continuing care services;
- Clinical necessity;
- Evidence that a thorough course of acute inpatient mental health treatment has been completed for those patients transferring from a hospital;
- Documentation of the need for extended continuing care inpatient services or intensive residential treatment;
- When appropriate, evidence that community support and treatment agencies were, and continue to be, actively involved in treatment and after care planning;
- Documentation of clear guardianship authority, as evidenced by a current Mittimus, Rogers Order or other relevant document(s).

Refusing treatment at an acute inpatient mental health facility by a patient or his/her legal guardian is not a criterion for transfer.

The acute inpatient mental health service provider must pursue involuntary commitment, when indicated, to continue acute inpatient mental health care. Obtaining a court order to involuntarily hospitalize and/or treat a person (e.g., Rogers Order) does not preclude a subsequent transfer to DMH continuing care

inpatient services or intensive residential treatment when transfer criteria are met. (See Appendix A for details on provider responsibilities and legal procedures for involuntary inpatient hospitalization and treatment.)

Telephone Triage: Before making a formal request to transfer a child or adolescent, a provider may call the Child-Adolescent Screener in the Area in which the child or child's parent or guardian resides to ascertain the appropriateness of the referral and likelihood of acceptance. (See Appendix E for a list of Area screening contacts.)

For a DMH Client, the Department will make a decision on the request for transfer to a DMH continuing care inpatient facility or intensive residential treatment program within five (5) working days for Partnership requests or ten (10) working days for all other requests after receiving the complete referral packet from the acute inpatient provider.

For a patient whose application for DMH continuing care services has not yet been submitted or approved: a simultaneous application for an *adult* must be submitted to the DMH Site office with responsibility for the community where the applicant resides; a simultaneous application for a *child or adolescent* must be submitted along with the transfer request to the Child and Adolescent Screening contact for the Area where the child resides (see Appendix E for list of Area screening contacts). DMH will act on the application and the request for transfer simultaneously; within five (5) working days for Partnership requests and within ten (10) working days for all other requests *after a complete referral packet has been received*.

For an Adolescent in a DYS Facility, requests for transfer to an IRTP will be made directly to the DMH Director of Program Management in the DMH central office. The transfer request must include an assessment for IRTP admission conducted by an evaluator, (as per 6/18/99 DMH/DYS memorandum of understanding), based on the evaluator's clinical evaluation and personal interview of the adolescent. The Department will make a decision on the request for transfer within five (5) working days after receiving the complete referral packet from the facility. If an application for DMH continuing care services has not yet been submitted or approved for the adolescent, the facility must submit an application for DMH continuing care services to the DMH Director of Program Management at the same time.

**All of the transfer request forms may be found at the end of this document, as well as a list of locations where application packets may be obtained. The forms are also available electronically.**

Where to Submit a Transfer Request: A transfer request from a hospital should be submitted to the DMH Area Medical Director (or designee) for an adult; to the Child/Adolescent Screener for a child or adolescent. The referral documentation should include the patient's current status, history of compliance with and responsiveness to treatment, as well as response time to treatment once initiated as well as the following:

- Admission History, Psychosocial, Physical and other Initial Assessments, (DSM IV Diagnosis, Axis I-V)

- Insurance Benefit Status
- Legal Section
- Hospital Course
  - Treatment Plan
  - Barriers to Discharge
  - Somatic Therapies and Compliance
  - Alternative Therapies considered
  - Need for M.G.L. c. 123, §§7, 8 and 8b
  - Estimate of Response to Treatment
  - Last 10 Days of Multidisciplinary Treatment Notes
  - Current Medications
  - All Medication Administration Records (MAR)
  - Laboratory and Diagnostic Results
  - Results of all Diagnostic Assessments (e.g. psychological testing), when ordered
  - Restraint and/or Seclusion Documentation (evidence of acuity level)
- Estimated length of continued hospitalization-recommended discharge date
- Legal Status (up-to-date copies of any relevant guardianships, including Mittimus and Rogers Order)
- If a particular treatment was suggested at the time of admission and was not tried, why not?

A request for transfer of an adolescent from a DYS facility must be sent directly to the DMH Director of Program Management as described above.

DMH staff may ask to review hospital or DYS facility records and interview the patient and family or legal guardian within the review period as part of the assessment process prior to approval for transfer, or as part of any appeal process. The referring hospital or DYS facility will be expected to arrange for all records to be available upon request.

#### **A. GENERAL REQUIREMENTS: CHILDREN, ADOLESCENTS, ADULTS**

To demonstrate the necessity for transfer to a DMH continuing care inpatient facility or adolescent intensive residential treatment program (IRTP), the patient must be committable pursuant to M.G.L. Chapter 123, §§7 & 8. In addition to meeting commitment requirements, the clinical criteria in **A.1, and A.2 or A.5** must be met for transfer.

In addition to the above requirements, an adolescent requesting transfer to an IRTP must meet DMH client eligibility criteria (see 104 CMR 29.04).

A child for whom transfer to a clinically intensive residential treatment (CIRT) program for children 6-12 is requested must meet the clinical

criteria in **A.1 and A.2** as well as DMH client eligibility criteria (see 104 CMR 29.04).

## **A.1 Clinical Criteria for Admission/Transfer**

A.1.1: Qualifying Mental Disorder: DMH uses diagnostic criteria as defined in the DSM-IV. The qualifying disorders are listed under the following categories or diagnoses:

- (a) **Schizophrenia and other Psychotic Disorders** (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);
- (b) **Mood Disorders** (excluding Dysthymia and mood disorders due to a general medical condition);
- (c) **Anxiety Disorders** (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);
- (d) **Dissociative Disorders**;
- (e) **Eating Disorders**;
- (f) **Borderline Personality Disorder**;
- (g) **Attention Deficit/Hyperactivity Disorder** (children and adolescents only).

### A.1.2: Evidence of a Serious Mental Illness and/or Severe Emotional Disturbance

The individual demonstrates evidence of a serious mental illness and/or severe emotional disturbance, which places the individual and/or others in imminent danger without secure 24-hour psychiatric supervision and treatment. The individual demonstrates suicidal, self-injurious and/or assaultive behaviors or psychotic episodes. These behaviors or episodes require active interventions such as: chemical, physical, and/or mechanical restraints; separation from environmental and interpersonal stimulation; intensive 1:1 staff intervention; and/or other appropriate measures on a continuous or frequent basis. Severely impaired judgment, poor reality testing or dysfunctional relationships, and an inability to function appropriately in a less restrictive setting evidence this

danger. *(Please note: CIRT programs for children 6-12 are staff secure and do not use chemical restraint.)*

**A.2 Evidence of Completion of a Thorough Acute Inpatient Mental Health Course of Treatment and Need for DMH Continuing Care Services**

A comprehensive, aggressive, goal-oriented, multidisciplinary acute inpatient course of treatment of adequate duration has been completed or is expected to be completed within the next five (5) days at the referring facility. This treatment course included a comprehensive evaluation with physical, psychiatric and psychosocial assessments, intensive observation, necessary consultation, initial trials of multimodal services, a treatment contract specifying discharge criteria and medication trials; **and**

Current, acute inpatient psychopharmacological regimens have not been successful in restoring the patient to either baseline or an improved level of functioning. Ongoing medication adjustments and/or trials are necessary as part of the clinical efforts to help the patient achieve stability and/or treatment progress; **and**

Continuing care services can reasonably be expected to improve the patient's condition such that services will no longer be needed to prevent further regression of the individual's condition; **and**

There is consensus of the multidisciplinary treatment/discharge planning team that a continued stay in a secure setting, either inpatient or intensive residential, for further stabilization and treatment, is required for a substantial period of time before discharge to the community. There must be evidence that specific alternative treatment settings have been considered, and determined to be clinically inappropriate.

In addition to A.1 and A.2 above, the following criteria may necessitate a request for transfer:

**A.3 Community Resource Unavailable**

There is a documented need for a specific community-based treatment service without which the patient is judged to be at imminent risk of regression and rehospitalization, yet such a resource is unavailable within a reasonable period of time; **or**

#### **A.4 Discharge Plan Failure**

Evidence exists that efforts to reintegrate the patient into the community have repeatedly failed (including trials at community residential treatment programs, when available), or to do so is believed to be unsafe.

#### **A.5 Evidence of Previous Mental Health Treatment and Need for Continuing Care Services (for DYS facility-based IRTP referrals only).**

The individual has had a course of mental health treatment in the past. The treatment course included a well-documented comprehensive evaluation with physical, psychiatric and psychosocial assessments, intensive observation, necessary consultation, and trials of multimodal services and/or medication; **and**

The individual does not currently require an acute inpatient course of treatment; **and**

Current, psychopharmacological regimens have not been successful in restoring the individual to either baseline or improved functioning. Ongoing medication adjustments and/or trials may be necessary as part of the clinical efforts to help the individual achieve stability and/or treatment progress; **and**

The individual's diagnostic and behavioral presentation are clear. The individual's current treatment needs are consistent with DMH IRTP Clinical Criteria. A less restrictive level of care or specialized treatment setting is not indicated; **and**

The individual meets DMH Eligibility Criteria in 104 CMR 29.00 and the Commonwealth's statutory requirements for psychiatric commitment under Massachusetts General Laws c. 123 §§7&8; **and**

IRTP continuing care services can be reasonably expected to improve the individual's condition such that intensive clinical services will no longer be needed to prevent further regression of the individual's mental health condition; **and**

There is a recommendation by the designated evaluator that a stay in a secure intensive residential treatment setting for a substantial period of time, for further stabilization and treatment, is required.

## **B. EXCLUSIONS**

### **B.1 Children and Adolescents**

Children or adolescents with the following DSM-IV diagnoses and/or conditions are excluded from admission to DMH continuing care inpatient facilities and intensive residential treatment programs ***unless the excluded disorder co-occurs with a primary qualifying serious mental illness and/or severe emotional disturbance in addition to the excluded disorder.*** (These are defined below and in the *Interpretive Guidelines for 104 CMR 29.00: Determining Eligibility for DMH Continuing Care Services.*)

**B.1.1** Under the category of **Disorders Usually first Diagnosed in Infancy, Childhood, or Adolescence**: Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, Pervasive Developmental Disorders, Feeding and Eating Disorders of Infancy or Early Childhood, Tic Disorders, Elimination Disorders, Other Disorders of Infancy, Childhood or Adolescence.

**B.1.2** All conditions listed under the category of **Delirium, Dementia and Amnesic and other Cognitive Disorders**.

**B.1.3** All conditions listed under the category of **Mental Disorders Due to a General Medical Condition Not Elsewhere Classified** (e.g., traumatic brain injury).

**B.1.4** A primary diagnosis of all conditions listed under the category of **Substance-Related Disorders**.

#### Co-Occurring Disorders:

An individual with a substance abuse problem (use, abuse, disorder) is eligible if he or she meets clinical criteria (and, when applying for transfer to an IRTP or CIRT, requires DMH continuing care services and has no other means for obtaining them). Functional impairment will be determined on the basis of the individual's presentation. It is presumed that functional impairment in an individual with a co-occurring disorder is due to the primary psychiatric diagnosis. It is not necessary to try to attribute the impairment to either the substance abuse or psychiatric diagnosis. The individual may need substance abuse services in addition to mental health services.

**B.1.5** Under the category of **Attention Deficit/Disruptive Behavior Disorders**: Conduct Disorder, Oppositional-Defiant Disorder, Disruptive Behavior Disorder NOS.

**B.1.6 Acute medical illness or injury**: Patients who otherwise meet admission criteria for continuing care will require medical clearance from an acute medical hospital before admission.

## **B.2 Adults**

Adults with the following DSM-IV diagnoses and/or conditions are excluded from admission to DMH continuing care inpatient units ***unless the excluded disorder co-occurs with a primary qualifying serious mental illness in addition to the excluded disorder***: (These are defined below and in the *Interpretive Guidelines for 104 CMR 29.00: Determining Eligibility for DMH Continuing Care Services*.)

**B.2.1** Under the category of **Disorders Usually first Diagnosed in Infancy, Childhood, or Adolescence**: Mental Retardation, Learning Disorders, Motor Skills Disorders, Communication Disorders, Pervasive Developmental Disorders, Feeding and Eating Disorders of Infancy or Early Childhood, Tic Disorders, Elimination Disorders, Other Disorders of Infancy, Childhood or Adolescence.

**B.2.2** All conditions listed under the category of **Delirium, Dementia and Amnesic and other Cognitive Disorders, including Alzheimer's disease**.

**B.2.3** All conditions listed under the category of **Mental Disorders Due to a General Medical Condition Not Elsewhere Classified** (e.g., traumatic brain injury)

**B.2.4** A primary diagnosis of all conditions listed under the category of **Substance-Related Disorders**.

### Co-Occurring Disorders:

An individual with a substance abuse problem (use, abuse, disorder) is eligible if he or she meets clinical criteria. Functional impairment will be determined on the basis of the individual's presentation. It is presumed that functional impairment in an individual with a co-occurring disorder is

due to the primary psychiatric diagnosis. It is not necessary to try to attribute the impairment to either the substance abuse or psychiatric diagnosis. The individual may need substance abuse services in addition to mental health services.

**B.2.5 Acute medical illness or injury:** Patients who otherwise meet admission criteria for continuing care will require medical clearance from an acute medical hospital before admission.

## **C. EXCEPTION**

### **C.1 Medical Condition Preventing Active Treatment**

**C.1.1** There is documented evidence of a medical condition (e.g., pregnancy) that prevents the application of an aggressive treatment regimen and symptom resolution within a reasonable time period (30 days) that requires transfer to a continuing care inpatient facility.

## **V. ADMISSION REQUIREMENTS AND APPEAL PROCEDURES**

All adult admissions to DMH continuing care inpatient facilities require authorization by the DMH Area Medical Director (or psychiatrist designee).

All child and adolescent admissions to DMH-contracted continuing care inpatient facilities, intensive residential treatment programs for adolescents or clinically intensive residential treatment programs for children 6-12 require authorization by the DMH Director of Program Management or central office child psychiatrist. The DMH Director of Program Management and central office child psychiatrist are designated by the DMH Assistant Commissioner for Child and Adolescent Services to authorize admissions to these statewide programs.

Appendix A describes the legal procedures and provider responsibilities when requesting transfer of a patient to DMH continuing care. Transfers of all eligible individuals must comply with M.G.L. c. 123 §3 (See Appendix B) except for DYS transfers to an IRTP program and other transfers to a CIRT program. DYS will have to secure both M.G.L. c. 123 §12 and "Psych Under 21" forms to effect the IRTP transfer. Transfers to a CIRT will be accomplished by discharging the patient to the CIRT.

**A. Initial Request for Transfer/First Level of Medical Review**

**A.1 The hospital's treating physician must initiate all requests for transfer to a DMH continuing care inpatient facility or intensive residential treatment program.** (A child/adolescent physician specialist must review all child/adolescent transfer requests from a hospital; a designated evaluator must approve all transfer requests from a DYS facility.) This is the first level of medical review.

**A.1.1 For ADULTS:** The referring hospital requests the transfer by filling out the form: *Request for Transfer to a DMH Adult Continuing Care Inpatient Facility*, and faxing **ONLY** the completed form to the DMH Area Medical Director. (See Appendix C for a list of DMH Area Medical Directors.) The original completed form and all required attachments (and an application for DMH continuing care services, if necessary) should be mailed to the Eligibility Unit at the DMH Site Office that serves the town in which the patient lives. (See Appendix D for a list of eligibility units.)

**A.1.2. For CHILDREN or ADOLESCENTS:** The referring hospital requests the transfer by filling out the form: *Request for Transfer to a DMH Child or Adolescent Continuing Care Inpatient Facility, IRTP or CIRT Program* and mailing the completed form and all required attachments (including an application for DMH continuing care services if necessary) to the Child and Adolescent Screening Contact for the Area. (See Appendix F for a list of child/adolescent Area screening contacts.)

DYS requests for transfer to an IRTP should follow the procedures under Section IV (Transfer Criteria - For an Adolescent in a DYS Facility - on page four).

**B. Second Level of Medical Review**

**B.1.1. For ADULTS:** A clinical evaluation of the patient will be completed within five (5) working days after receiving a completed referral packet for Partnership requests and within ten (10) working days for all other insurers. This evaluation may include a face-to-face assessment and a discussion with the patient's family, if appropriate and/or possible. It will include a discussion with the patient's legal guardian, when applicable, a review of the patient's medical record and a discussion with the treating clinicians. The DMH Area Medical Director (or psychiatrist designee) will

complete the Level II Medical Review Form, *DMH Response to Request for Transfer to a DMH Continuing Care Facility or Program*, and fax the completed form to the referring hospital and to the DMA MH/SAP MCO Medical Director/Associate Medical Director or Other Insurer's Medical Director for Behavioral Health. This determination constitutes the second level of medical review.

**B.1.2. For CHILDREN AND ADOLESCENTS:** A clinical evaluation of the patient will be completed within five (5) working days after receiving a completed referral packet for Partnership requests and within ten (10) working days for all other insurers. This evaluation will include a face-to-face assessment by a DMH-designated child-trained clinician, a discussion with the patient's parent or legal guardian, when applicable, a review of the patient's medical record and a discussion with the treating clinicians. After consultation with the DMH Director of Program Management, the Area Medical Director (or child psychiatrist designee) will complete the Level II Medical Review Form, *DMH Response to Request for Transfer to a DMH Continuing Care Facility or Program*, and fax the completed form to the referring hospital and to the DMA MH/SAP MCO Medical Director/Associate Medical Director, or Other Insurer's Medical Director for Behavioral Health. This determination constitutes the second level of medical review.

**B.2.1. For ADULTS:** Any denial of a transfer shall be documented by the DMH Area Medical Director (or psychiatrist designee) and reviewed by the DMH Area Director (or designee). It is expected that most cases will be resolved at this level of review. The DMH Area Medical Director (or psychiatrist designee) may offer consultation to the attending physician at the referring facility and the case may be reviewed again for transfer consideration, as necessary.

**B.2.2. For CHILDREN AND ADOLESCENTS:** The DMH Director of Program Management or central office child psychiatrist must authorize a recommendation for transfer and placement. Any denial of a transfer shall be documented by the DMH Area Medical Director (or child psychiatrist designee) and communicated to the DMH Area Director (or designee). It is expected that most cases will be resolved at this level of review. DMH clinical staff may offer consultation to the referring facility and the case may be reviewed again for transfer consideration, as necessary.

**B.2.3. For ADOLESCENTS REFERRED BY DYS:** Any denial of a DYS transfer request shall be documented by the DMH Director of Program Management (or central office child psychiatrist) and communicated directly to DYS or the designated evaluator. If DYS disputes the findings, it shall appeal directly to the DMH Deputy Commissioner for Clinical and Professional Services for a final decision. Denial at this point shall not preclude a future referral for an IRTP placement if there is a change in the adolescent's clinical presentation.

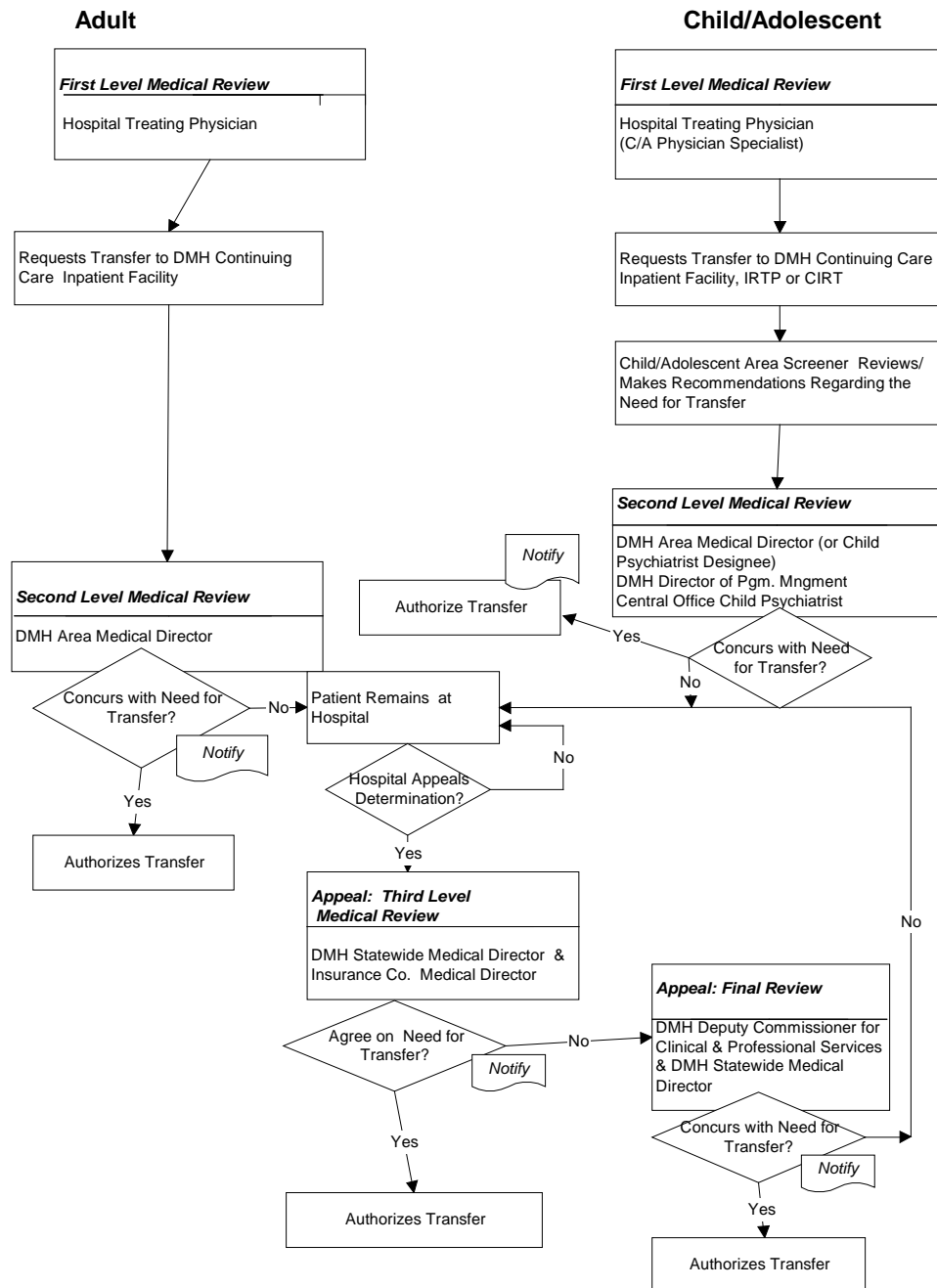
### **C. Third Level of Medical Review**

**C.1. A dispute regarding denial of a request for transfer** to a DMH continuing care inpatient facility or intensive residential treatment program will trigger a third level of medical review. The medical review will involve the DMA MH/SAP MCO Medical Director/Associate Medical Director or Other Insurer's Medical Director for Behavioral Health and the DMH Statewide Medical Director (or senior adult or child psychiatrist designee). The DMA MH/SAP Regional Manager or Other Insurer may initiate a request for a third level medical review by completing the form: *Appeal of DMH Denial Determination*.

The DMH Statewide Medical Director (or senior psychiatrist designee) and the DMA MH/SAP MCO Medical Director/Associate Medical Director or Other Insurer's Medical Director for Behavioral Health will review the case. The DMH Statewide Medical Director (or senior psychiatrist designee) will respond in writing to the DMA MH/SAP Regional Manager or Other Insurer and DMH Area Office regarding the decision and its clinical rationale on the form: *DMH Response to Appeal*.

**C.2.** If the medical review does not resolve a dispute concerning a request for transfer to a DMH continuing care inpatient facility or intensive residential treatment program, the DMH Deputy Commissioner for Clinical and Professional Services and DMH Statewide Medical Director, the chief medical officer of the Department of Mental Health, will make the final decision. The Deputy Commissioner will respond in writing to the referring hospital and DMA MH/SAP MCO Medical Director/Associate Medical Director or Other Insurer's Medical Director for Behavioral Health regarding the decision and its clinical rationale.

**Chart: Acute Care to Continuing Care, IRTP or CIRT  
Transfer and Appeal Procedures**



***Appendix A: Provider Responsibilities and Legal Procedures for Involuntary Inpatient Hospitalization and Treatment (Children, Adolescents and Adults)***

1. If a patient meets the criteria for admission to an acute psychiatric hospital but he or she (or parent or legal guardian, where applicable), refuses to sign a conditional voluntary form, or if the physician believes that the patient is not competent and not able to understand the consequences of signing the conditional voluntary form, the hospital must, prior to the expiration of the 10-day period required by M.G.L.c.123, §12, file a petition for the commitment of the patient under M.G.L.c.123, §§7 & 8.

In the instance where a petition for commitment has been filed with the Court, the patient must be retained at the facility, barring an emergency due to non-manageability which may require an immediate transfer to a specialty unit, or improvement which warrants discharge, until the Court has held a hearing and rendered a decision as to whether or not the patient meets the criteria for involuntary commitment.

If, during the pendency of the proceedings, the patient (or parent or legal guardian, where applicable), makes a competent decision to sign a conditional voluntary form, the Court should be notified. Likewise, if the patient recompensates and is to be discharged before the date of the hearing, such discharge should occur and the Court should be notified.

2. If a patient meets criteria for admission to an acute psychiatric hospital and has signed a conditional voluntary form, (or their parent or legal guardian, where applicable, has signed a conditional voluntary form), but during his or her stay determines that he or she no longer wishes to remain in the hospital as evidenced by the patient (or parent or legal guardian, where applicable), submitting a “3-day notice” of his or her intention to leave the hospital, a petition for his or her commitment must be filed by the end of the 3<sup>rd</sup> day in order to retain the patient. See above for the hospital’s obligations in order to retain the patient during pendency of the commitment proceedings.
3. If a patient meets the criteria for admission to an acute psychiatric hospital, but is not competent and therefore unable to consent to treatment (or the parent or legal guardian, where applicable, refuses to consent to treatment), it is the responsibility of the acute facility to actively seek, through judicial determination, an order for treatment. This may involve seeking approval through a M.G.L. c.123, §8B petition in the District Court for those patients who are to be committed under M.G.L c.123, §§7&8, or through a guardianship petition in the Probate Court.
4. Transfers should not take place until the Court has rendered a decision in any pending matter. Once a commitment and/or treatment decision has been obtained from the Court, a patient may be transferred, if the clinical criteria contained in this document are satisfied. Transfers must comply with M.G.L. c. 123, §3.

## ***Appendix B: M.G.L. c. 123 § 3 & 104 CMR 27.08***

### **M.G.L. c. 123 §3: Transfers; notice; emergencies**

The department may transfer any person from any facility to any other facility which the department determines is suitable for the care and treatment of such person; provided that no transfer to a private facility shall occur except with the approval of the superintendent thereof. At least six days before a transfer from a facility occurs, the superintendent shall give written notice thereof to the person and to the nearest relative, unless such person knowingly objects, or guardian of such person; provided, however, if the transfer must be made immediately because of an emergency, such notice shall be given within twenty-four hours after the transfer. Except in emergency cases, no person who at any time prior to the transfer has given notice of his intention to leave a facility under the provisions of section eleven shall be transferred until a final determination has been made as to whether such person should be retained in a facility.

### **104 CMR 27.08: Transfer of Patients**

- (1) For the purposes of 104 CMR 27.08, “emergency” shall mean those medical, surgical and psychiatric crises which in the opinion of the facility director threaten the safety, health or life of the patient or others, and which could not be appropriately treated in the transferring facility.
- (2) Permitted Transfers: Exceptions. Any persons admitted to inpatient treatment status may be transferred from any facility to any other facility, provided that except in an emergency:
  - (a) Patients on voluntary admission status under 104 CMR 27.06 shall not be subject to transfer without their written consent; and
  - (b) Patients on conditional voluntary admission status under 104 CMR 27.06 may refuse transfer. Such refusal may be considered equivalent to submission of the patient’s three day written notice of their intention to leave or withdraw from the facility.
- (3) Absent an emergency, and except for a patient under the age of 16 or under a guardianship with authority to admit to a psychiatric facility, a patient on conditional voluntary admission status may not be transferred against his or her will unless a court of competent jurisdiction enters a commitment order pursuant to M.G.L. c. 123, §§7 and 8.

(4) Absent an emergency, a patient under the age of 16 or under a guardianship with authority to admit to a psychiatric facility, who has been admitted pursuant to his or her legally authorized representative's authority, may not be transferred over the objection of the legally authorized representative unless a court of competent jurisdiction enters a commitment order pursuant to M.G.L. c. 123, §§7 and 8.

(5) In no event shall an order of commitment for observation pursuant to M.G.L. c. 123, §12 be issued in order to transfer a patient in lieu of compliance with the requirements of M.G.L. c. 123, §3, or 104 CMR 27.08.

(6) Transfer of a patient committed pursuant to M.G.L. c. 123, §12 shall not extend the period of such hospitalization.

(7) Transfer Procedures

(a) The approval of the director of the receiving facility shall be obtained by the transferring facility.

(b) The director of the transferring facility shall give six days written notice to the patient to be transferred and to his or her nearest relative, unless the patient knowingly objects, or his or her legally authorized representative; provided, however, that if such transfer must be made immediately because of an emergency, notice shall be given within 24 hours after the transfer pursuant to M.G.L. c. 123, §3. The notice shall be provided in a form prescribed by the Commissioner.

(c) A patient, legally authorized representative of a patient under the age of 18, or a duly appointed guardian with authority to admit the ward to a psychiatric facility may, but shall not be required to, waive the six days notice requirement.

(d) A copy of the Notice of Transfer, along with a copy of the patient's underlying admission status documentation shall accompany the patient to the receiving facility, and the underlying status shall remain valid upon admission to the receiving facility.

### **Appendix C: DMH Area Medical Directors**

<p>Thomas Horn, M.D.  <b>Central Mass. Area</b>  Worcester State Hospital  305 Belmont Street  Worcester, MA 01604  <b>Tel:</b> (508) 368-3369  <b>Fax:</b> (508) 363-1500</p>	<p>Robert Karr, M.D.  <b>North East Area</b>  Tewksbury Hospital  P.O. Box 387  Tewksbury, MA 01876  <b>Tel:</b> (978) 863-5070  <b>Fax:</b> (978) 863-5091</p>	<p>Kenneth Mitchell, M.D.  <b>Metro Suburban Area</b>  Westboro State Hospital  PO Box 288-Lyman St.  Westboro, MA 01581  <b>Tel:</b> (508) 616-3500  <b>Fax:</b> (508) 616-3599</p>
<p>David Hoffman, M.D.  <b>Metro Boston Area</b>  Metro Boston Area Office  20 Vining Street  Boston, MA 02115  <b>Tel:</b> (617) 626-9223  <b>Fax:</b> (617) 626-9216</p>	<p>David Klegon, M.D.  <b>Southeastern Area</b>  Brockton MultiService Ctr  165 Quincy Street  Brockton, MA 02402  <b>Tel:</b> (508) 897-2026  <b>Fax:</b> (508) 897-2024</p>	<p>Stuart Anfang, M.D.  <b>Western Mass. Area</b>  W – Mass Area Office  One Prince Street  P.O. Box 389  Northampton, MA 01651  <b>Tel:</b> (413) 587-6341  <b>Fax:</b> (413) 587-6272</p>
<p>Robert J. Keane, Ph.D.  <b>DMH Central Office</b>  Deputy Commissioner for  Clinical &amp; Professional  Services  25 Staniford Street  Boston, MA 02114  <b>Tel:</b> (617) 626-8106  <b>Fax:</b> (617) 626-8058</p>		

This list was updated on 4-27-05

## **APPENDIX D: *Transfer Request Forms***

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- A. A-DT/form/long/99: Request for Transfer to a DMH Adult Continuing Care Inpatient Facility (2-page form when patient is already a DMH Client)
- B. A-DT/formS/99: Request for Transfer to a DMH Adult Continuing Care Inpatient Facility (1-page form when used in conjunction with an Application for DMH Continuing Care Services).
- C. C/A-T/form/long/99: Request for Transfer to a DMH Child or Adolescent Continuing Care Inpatient Facility, IRTP or CIRT Program (2-page form when patient is already a DMH Client)
- D. C/A-T/form/short/99: Request for Transfer to a DMH Child or Adolescent Continuing Care Inpatient Facility, IRTP or CIRT Program (1-page form when used in conjunction with an Application for DMH Continuing Care Services).
- E. C-A/DYS/form/99: Request DYS Transfer to a DMH Intensive Residential Treatment Program
- F. T2-99: Response to Request for Transfer to a DMH Continuing Care Facility or Program (for DMH use)
- G. T3-99: Transfer Request Appeal
- H. T4-99: DMH Response to Appeal (for DMH use)
- I. Form REL-8: Authorization for Release of Information

## **APPENDIX E: CHILD/ADOLESCENT SCREENING CLINICIANS**

**Janice LeBel, Ph.D.**  
Director of Program Management  
(617) 626-8085

<b>Area</b>	<b>Primary Contact Name Address, Phone &amp; Fax#</b>	<b>Backup Contact Name Address, Phone, &amp; Fax #</b>	<b>Elig. Determination Specialist</b>
<b>Western Mass. Area</b>	<p><b>John Swanson, M.D.</b> W. MA Area Office P.O. Box 389 Northampton, MA 01061 Phone: 413.587.6485 Fax: 413.587.6240</p> <p><b>Phyllis Bermingham</b> W. MA Area Office Phone: 413.587.6293 Fax: 413.587.6217</p> <p><b>Floyd Ashlaw</b> W. MA Area Office Phone: 413.587.6358 Fax: 413.587.6240</p>	<p><b>Peggy Fiddler</b> W. MA Area Office (413)587-6297 Fax: 413.587.6205</p> <p><b>David Switzer</b> W. MA Area Office Phone: 413.587.6214 Fax: 413.587.6205</p> <p><b>Maria Farina</b> W. MA Area Office Phone: 413.587.6485 Fax: 413.587-6205</p>	<p><b>Jara Maliken-Sirois</b> <b>Floyd Ashlaw</b></p>
<b>Central Mass. Area</b>	<p><b>Jim Medlinskas</b> Worcester State Hospital 305 Belmont Street Worcester, MA 01604 Phone: 508.368.3390 Fax: 508.363.1502</p>	<p><b>Richard R. Breault</b> Worcester State Hospital 305 Belmont Street Worcester, MA 01064 Phone 508.368.3391 Fax: 508.363.1502</p> <p><b>John Backman, M.D.</b> Phone: 508.368.3838</p>	<p><b>Jim Medlinskas</b></p>
<b>North East Area</b>	<p><b>Fred Emilianowicz</b> Northeast Area Office P.O. Box 387 Tewksbury, MA 01876 Phone: 978.863.5024 Fax: 978. 863.5095</p>	<p><b>Kristen Simone</b> Northeast Area Office P.O. Box 387 Tewksbury, MA 01876 Phone: 978.863.5083 Fax: 978. 863.5095</p>	<p><b>Fred Emilianowicz</b> <b>Kristen Simone</b></p>
<b>Metro Suburban Area</b>	<p><b>Jack Rowe</b> Metro Suburban Area Office Westboro State Hospital P.O. Box 288 - Lyman Street Westboro, MA 01581 Phone: 508.616.3506 Fax: 508.616.3599</p>	<p><b>Nandini Talwar, M.D.</b> Phone: 781.665.8418</p>	<p><b>(East) Allen Bachrach</b> 20 Academy Street Arlington, MA 02174 Phone: 781.641.8116 Fax: 617.727.7400</p> <p><b>(Newton-S.Norfolk) Deb Stames</b> Westboro State Hospital P.O. Box 288 - Lyman Street Westboro, MA 01581 Phone: 781.401-9718 Fax: 781.401-9721</p>

**CHILD/ADOLESCENT SCREENING CLINICIANS (continued)**

**Janice LeBel, Ph.D.**  
Director of Program Management  
(617) 626-8085

<b>Area</b>	<b>Primary Contact Name Address, Phone &amp; Fax#</b>	<b>Backup Contact Name Address, Phone, &amp; Fax #</b>	<b>Elig. Determination Specialist</b>
<b>Metro Suburban</b>	<b>Jack Rowe</b> Metro Suburban Area Office Westboro State Hospital P.O. Box 288 - Lyman Street Westboro, MA 01581 Phone: 508.616.3506 Fax: 508.616.3599	<b>Nandini Talwar, M.D.</b> Phone: 781.665.8418	<b>(South Shore/Coastal)</b> <b>Linda Stanton</b> 460 Quincy Avenue Quincy, MA 02169 Phone: 617.626-9035 Fax: 617.626-9150  <b>(West) Ellen Alfaro</b> Westboro State Hospital/Hadley P.O. Box 288 - Lyman Street Westboro, MA 01581 Phone: 508.616.2100 Fax: 508.616.2856
<b>Southeastern Mass Area</b>	<b>Clyde Godfrey</b> Southeastern DMH Office 165 Quincy Street Brockton, MA 02302 Phone: 508.897.2180 Fax: 508.897.2024	<b>Julia Meehan</b> Brockton Multi-Service Center 165 Quincy Street Brockton, MA 02302 Phone: 508.897.2046 Fax: 508.897.2024	<b>Mary Flaherty</b> <b>Wanda Beteau</b> <b>Laura Krimm</b>
<b>Metro Boston</b>	<b>Karen Vaters</b> Metro Boston Area Office 85 East Newton Street, 2 <sup>nd</sup> Floor Boston, MA 02118 Phone: 617.626.8966 Fax: 617.626.8794	<b>Mel Stoler</b> Metro Boston Area Office 85 East Newton Street, 2 <sup>nd</sup> Floor Boston, MA 02118 Phone: 617.626.8975 Fax: 617.626.8794	<b>Karen Vaters (Screened Cases)</b> <b>Margaret Dunnicliff</b>

This list was updated on 4-27-05